

Name
in
Full

William Beecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month June	Day 22 ^d	Years 73	Months 4	Days 16
Sex Male	Color or Race white	Birth-place 2. A. Co. Md.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Frances	Father's Birthplace 2. A. Co. Md.			
Father's Name William Beecher	Mother's Maiden Name Don't know	Mother's Birthplace			
Name of person giving information Son -	How related to deceased Son				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Infirmities of Age

Immediate Inertia

Are the name, age, sex, color, date and place correctly given above?

Yes

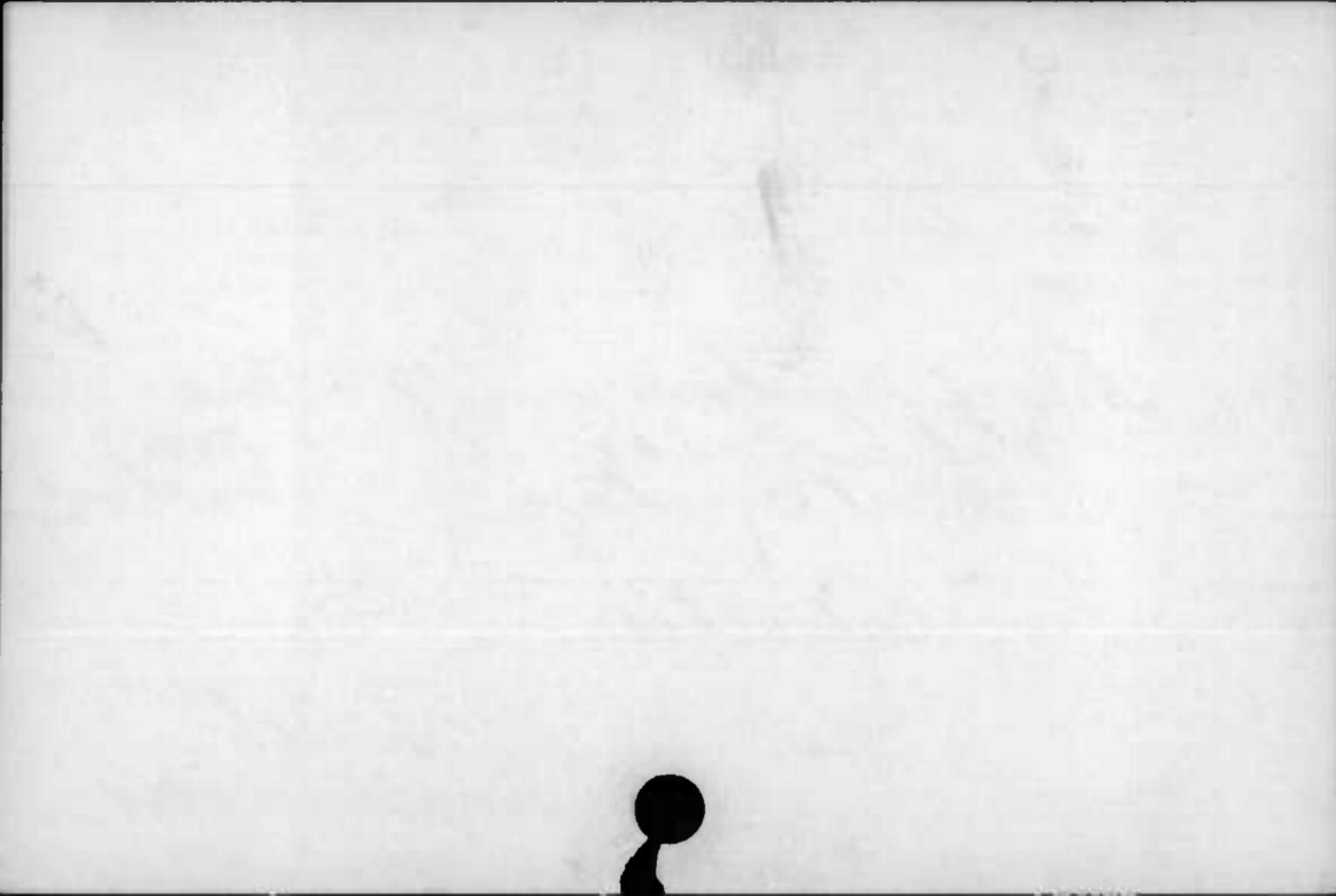
Signature of Physician

W. W. Chaires,

Accident or Suicide? No

Address

Queenstown,
Md.



Name
in
Full

Anna Lucile Benton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Barclay	Green Anne				
Date of death	1908	Month 6	Day 14	Years -	Months 3	Days
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	-	Where Residing if not at place of death				
Married, Single or Widowed	-	Name of Wife or Husband	-	Father's Birthplace	Md -	
Father's Name	H. Earl Benton		-	Mother's Birthplace	Md.	
Mother's Maiden Name	Ethel L. Price		-	How related to deceased	Father	
Name of person giving Information	H. Earl Benton		-			

CAUSES OF DEATH

105

How long

How long

PHYSICIAN
OR CORONER

Primary

Enteritis

Immediate

Are the name, age, sex, color, date and place correctly given above?

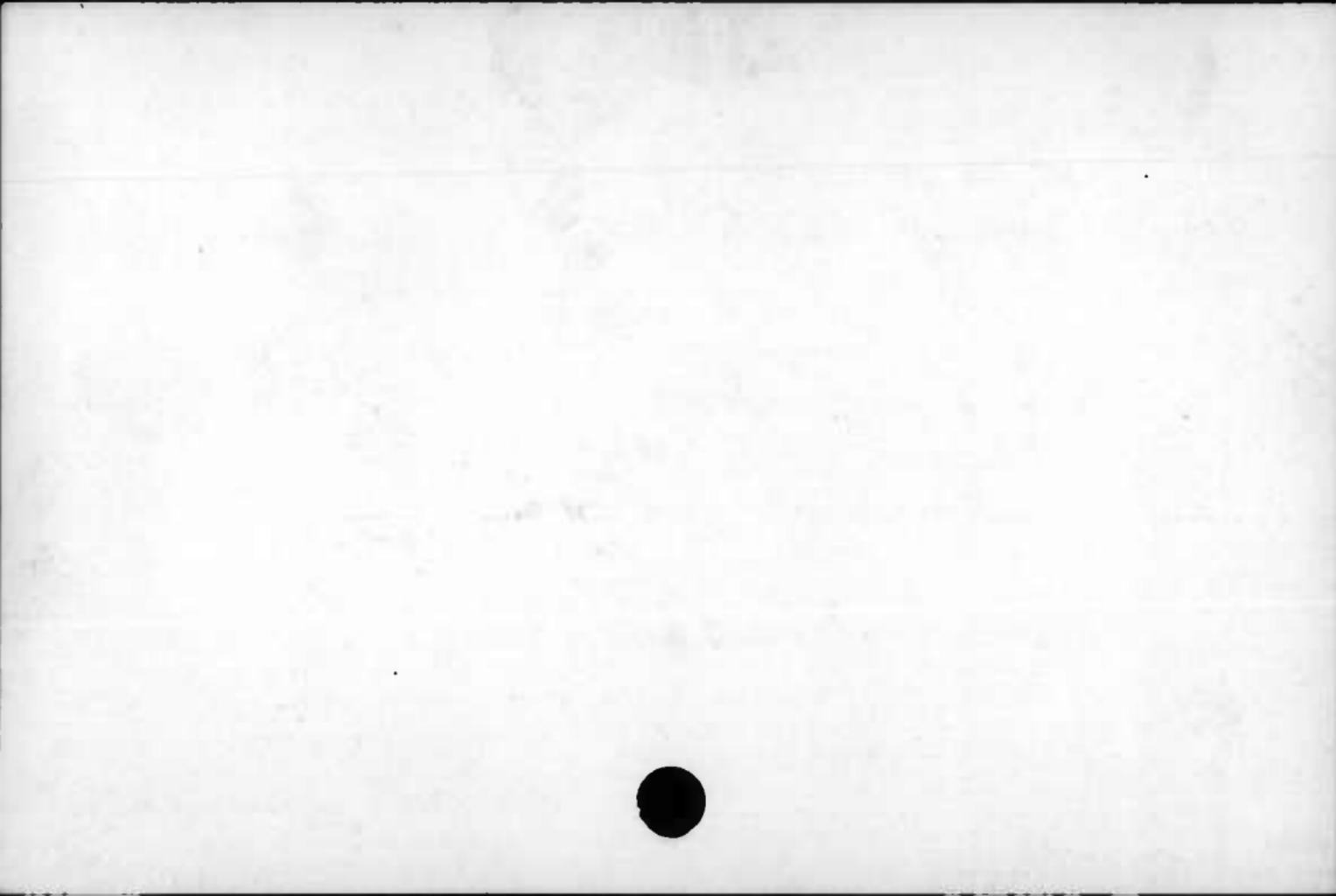
yes

Signature of Physician

Address

J. P. Smith
Simpleville, Md.

Accident or Suicide?



Name
in
Full

Mary Rebecca Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Burrisville	D. A.	
Died at		
Date of death	Month	Day
1908	June	16
Age	Years	Months
39		
Sex	Color or Race	Birth-place
Female	Black	D. A. Co.
Occupation	Where Residing if not at place of death	
Cook	Burrisville	
Married, Single or Widowed	Name of Wife or Husband	
Married	Rusman H. Berry	
Father's Name	Father's Birthplace	
Joseph Johnson	D. A. Co.	
Mother's Maiden Name	Mother's Birthplace	
Calphazine Murray	D. A. Co.	
Name of person giving information	How related to deceased	
Estella Berry	Daughter	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		E. F. Smith M.D.
		Centreville
Address		
Accident or Suicide?	No,	
	Md.	



Name
in
Full

Henrietta Boardley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Winchester, Md.

Town
County
S. A.

MARYLAND

Date of death 1908	Month June	Day 25	Years 26	Months 2	Days —
Sex Female	Color or Race Colored	Birth-place S. A. Co. Md.			
Occupation Wife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband George Boardley				
Father's Name John Grunage	Father's Birthplace Caroline Co. Md.				
Mother's Maiden Name Sally Tilden	Mother's Birthplace S. A. Co. Md.				
Name of person giving Information Thomas. Grunage	How related to deceased Brother				

CAUSES OF DEATH

28

Primary Subacute Cerebralitis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

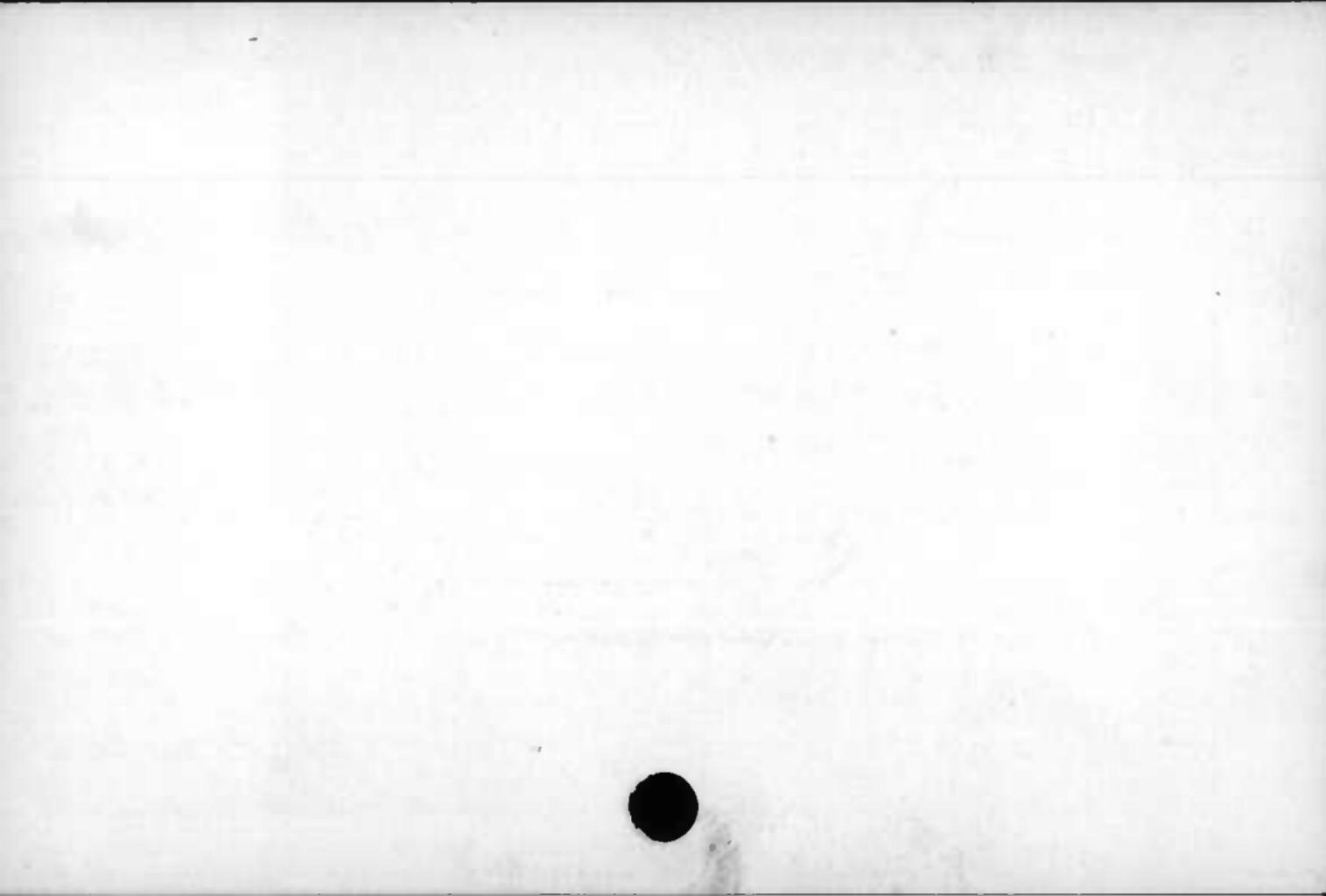
Signature of Physician

Address

Six weeks
Forty-eight hours
J. P. W. Ford M. D.
Queensboro, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Jane Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	19
Occupation	Cook	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Randtown
Father's Name	James Brooks		Mother's Name	-----
Mother's Maiden Name	Julie Brooks		Father's Birthplace	-----
Name of person giving information	James Brooks		Mother's Birthplace	-----
How related to deceased			How long	10 months
How long			Address	Church Hill Ave

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

10 months

Immediate

only saw patient once

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

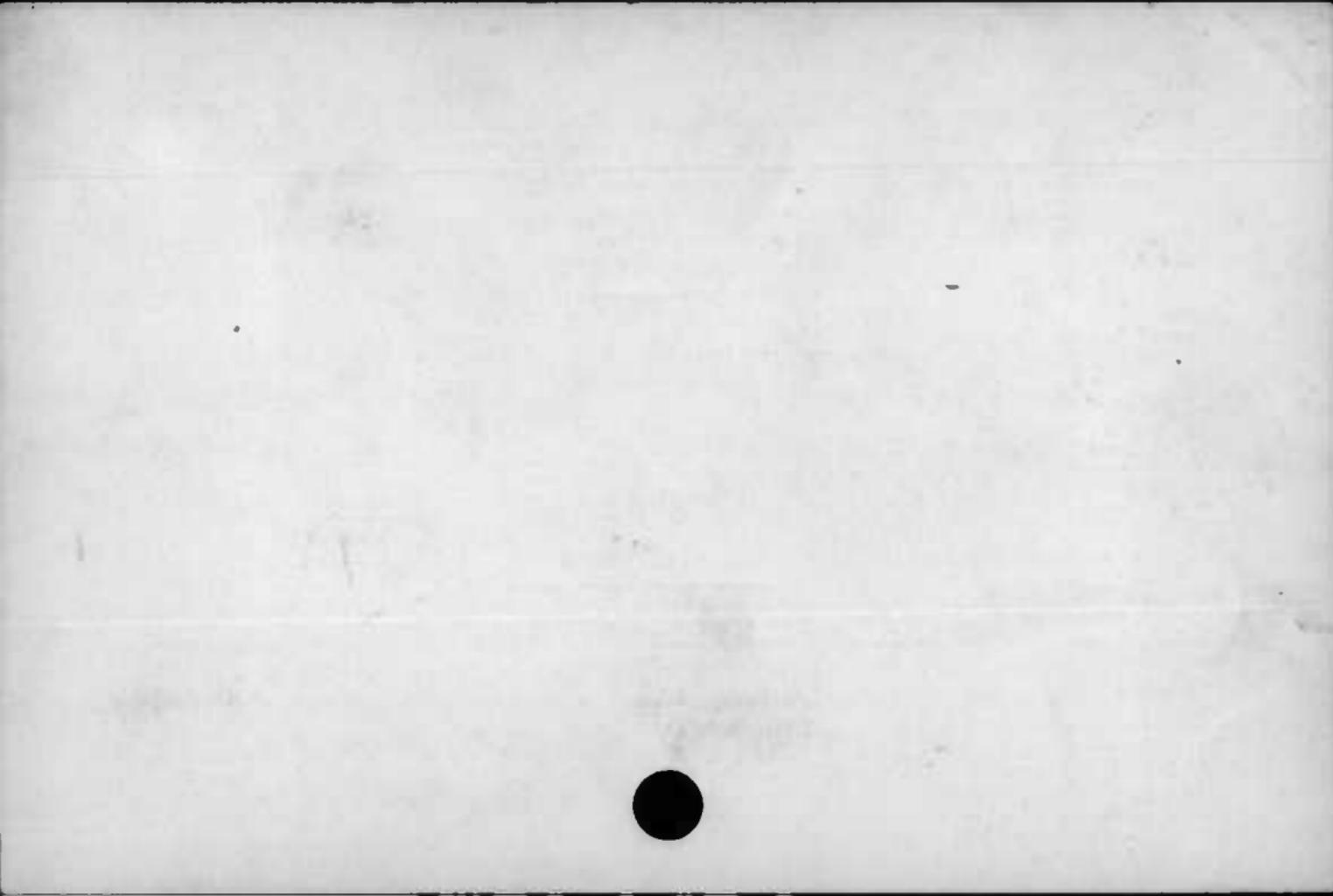
Signature of Physician

J.H. Dr. G. Warren

Address

Church Hill Ave

Accident or Suicide?



Name
in
Full

John W. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>New Sudlersville</u>		Town	County	MARYLAND
Date of death <u>1908</u>	Month <u>6</u>	Day <u>3</u>	Age <u>75</u> Years	Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband			
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>			
Name of person giving information <u>Garfield Brown</u>	How related to deceased <u>not at all</u>			

CAUSES OF DEATH

Primary

Heart Disease

79

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

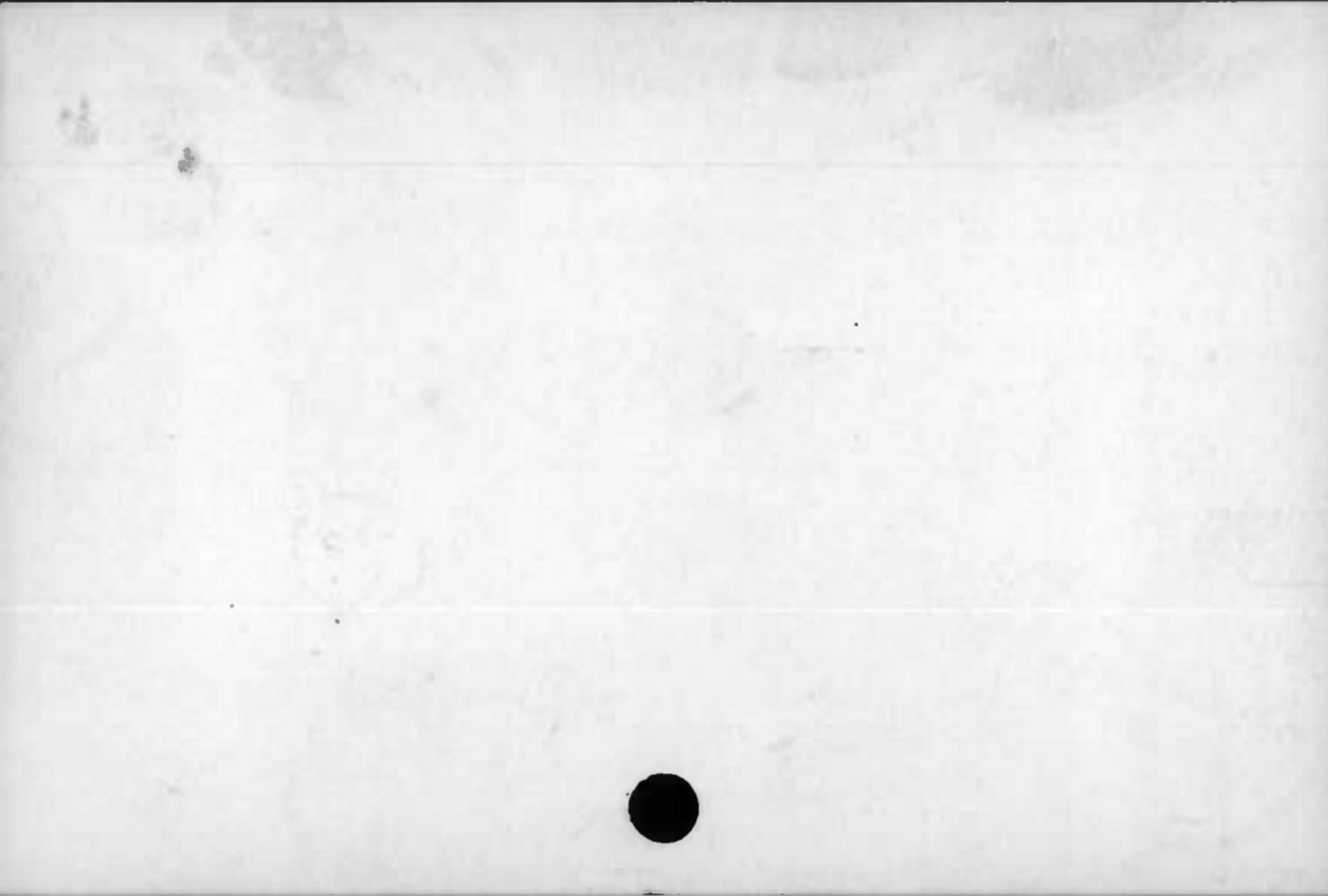
Yes

Signature of Physician

Address

J. R. Smith, M.D.,
Empleville, N.C.

Accident or Suicide?



Name
in
Full

Thomas H. Burk

CERTIFICATE OF DEATH

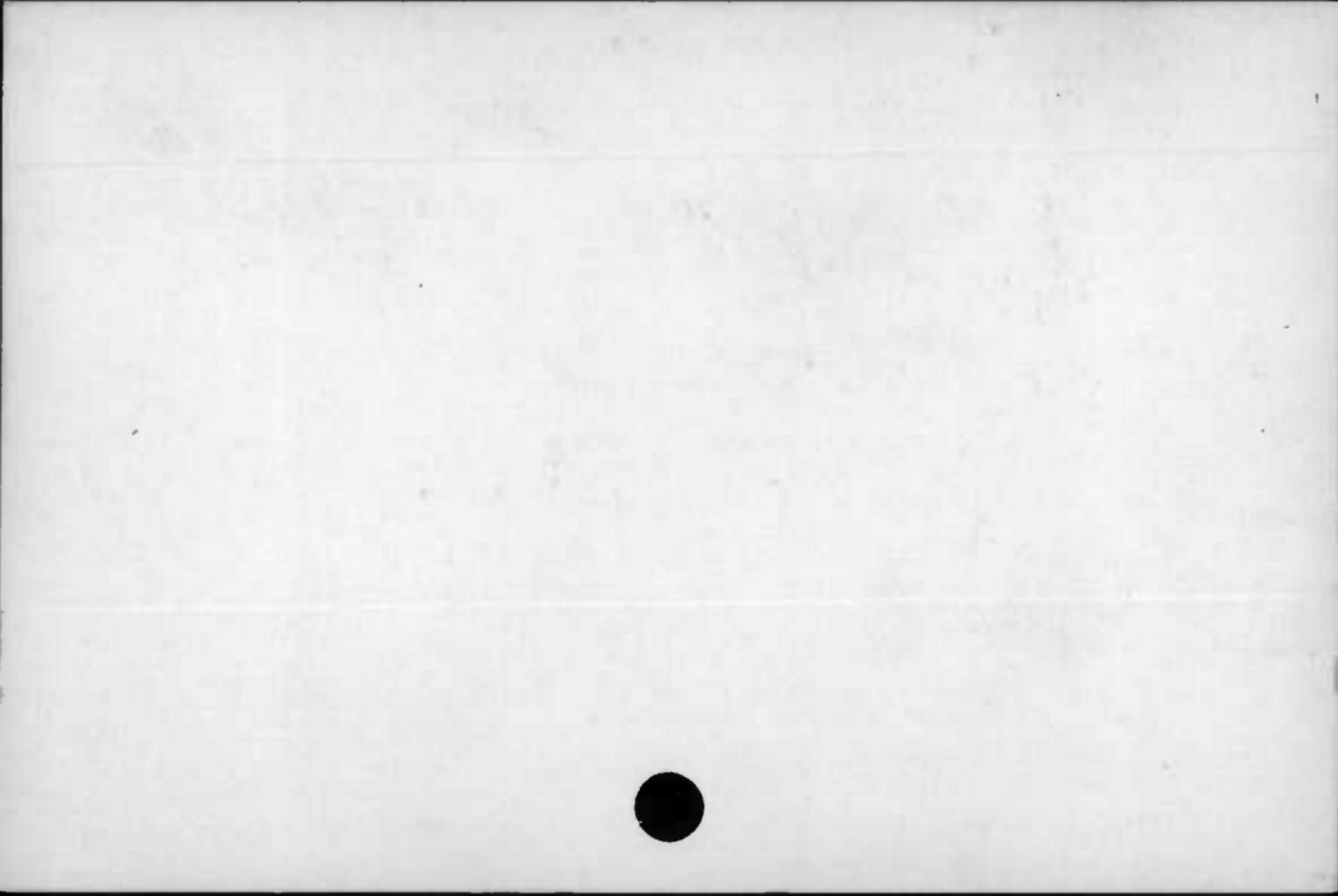
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Died at	Wye Mills	Anne Arundel	Months	Days
Date of death	Month	Day	Years	
1908	June	13	Age	63
Sex	Male	Color or Race	Colored	
Occupation	Farming			
Married, Single or Widowed	Where Residing if not at place of death			
Father's Name	Wes. Burk			
Mother's Maiden Name	Mst. Krumm			
Name of person giving Information	Joshua T. Rhyau			

CAUSES OF DEATH

Primary	Over heated - Exposure to Sun		
Immediate	Hemiplegia due to Rupture of Blood vessel		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.W. Slack M.D.
		Address	Wye Mills, Md
Accident or Suicide?			



Name
in
Full

Pearl Coursey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 6	Day 19	Age 1	Years	Months 2
Sex Female	Color or Race Negro	Occupation	Birth- place Phila Pa.	Days 4	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Charles Coursey			Father's Birthplace T.A. Co Md	
Mother's Maiden Name	Janie Standey			Mother's Birthplace " " "	
Name of person giving Information	Rachel Standey Blalock			How related to deceased Great Mother	

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary

Rickets

How long

3 months

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

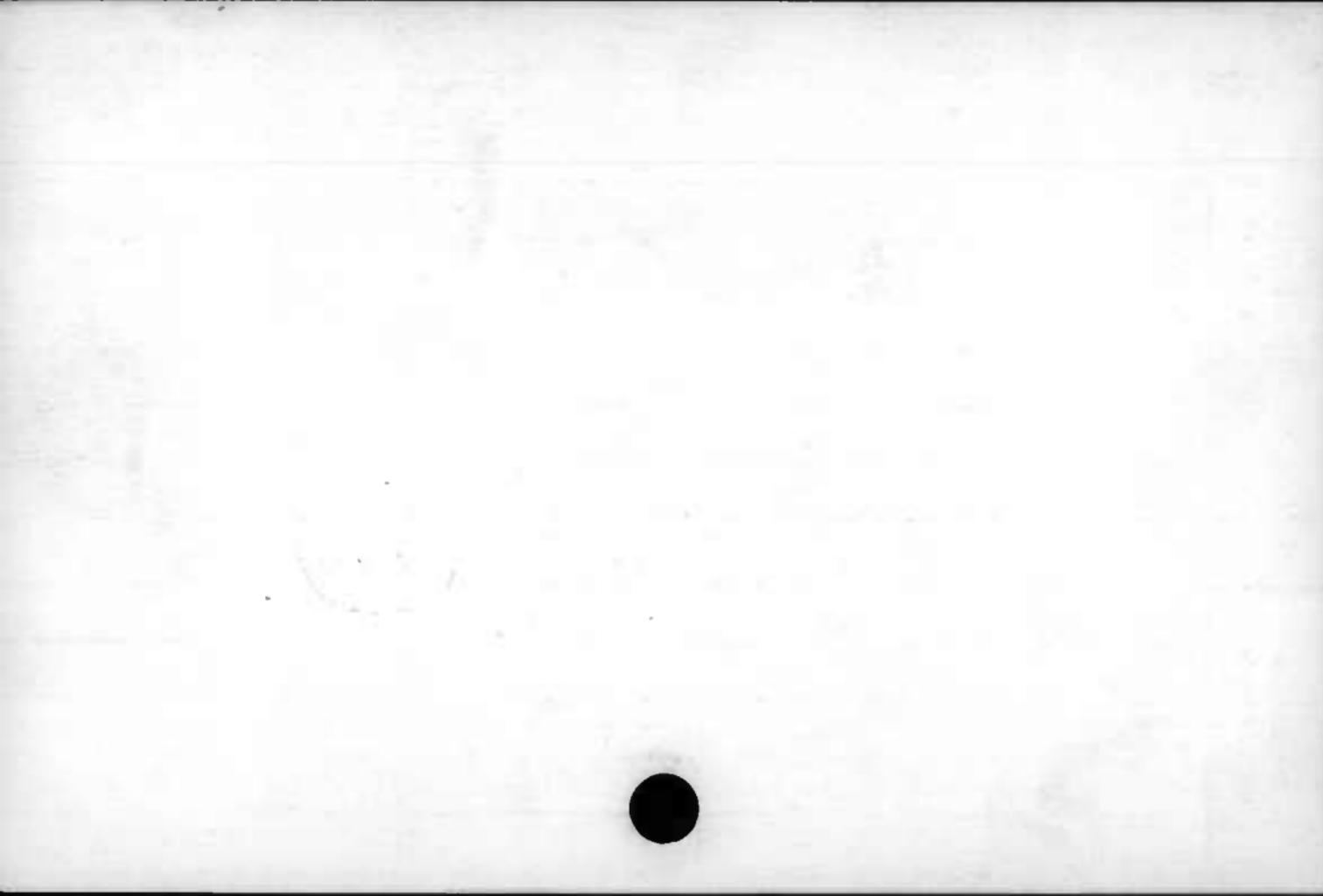
Signature of
Physician

Address

E. F. Smith
Centreville Md.

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dorrell

CERTIFICATE OF DEATH

Died at <u>Ford's Store</u> , <u>Queen Anne</u> , <u>Town</u> , <u>Queen Anne</u> , <u>County</u>			MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	June	11	—	—	7	
Sex	Color or Race	Age	Birth-place			
Male	white	—	Ford's Store			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	—				
Singl	—	—				
Father's Name	Albert Dorrell					Father's Birthplace
Mother's Maiden Name	Emma D. Ferguson					Mother's Birthplace
Name of person giving information	Albert Dorrell					How related to deceased
CAUSES OF DEATH						
Primary	Premature Birth ✓					How long
Immediate	Asphyxia					How long
From Birth						

(151)

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Wm. Coffey
	Address
	Ste. Marieville, Md.
Accident or Suicide?	and

+

Name
in
Full

Rallis G. Goodwin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month June	Day 8	Age 74	Years	Months — Days —
Sex Female	Color or Race Caucasian	Birth-place Annapolis Md			
Married, Single or Widowed Single	Occupation None				
Name of Wife or Husband					
Father's Name Richard T. Goodwin	Father's Birthplace Annapolis Md				
Mother's Maiden Name Matilda Shipp	Mother's Birthplace Annapolis Md				
Name of person giving information	How related to deceased Sister				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular heart disease

How long

a great many years

Immediate

Heart failure or paralysis

How long

only a few minutes

Are the name, age, sex, color, date
and place correctly given above?

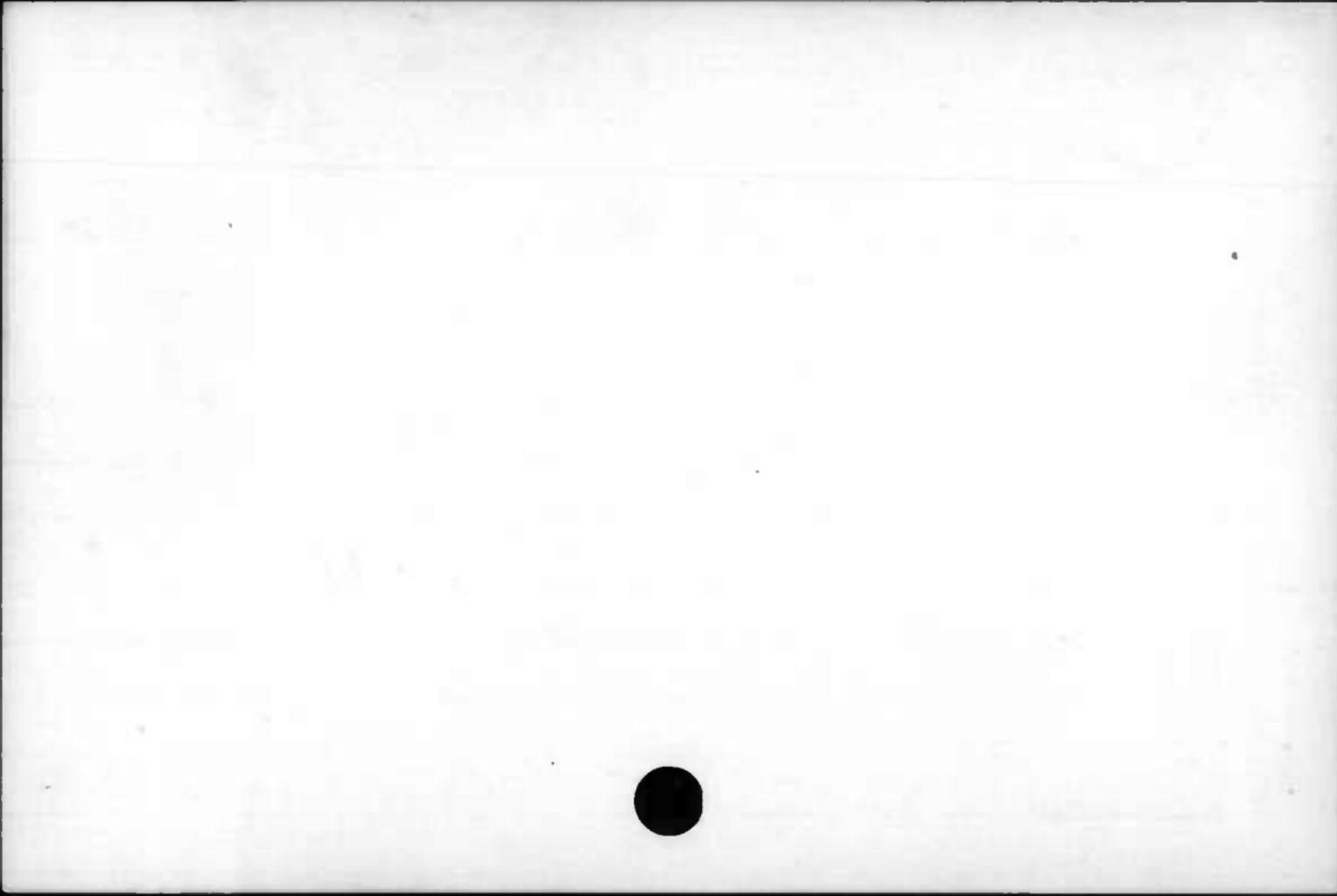
Yes

Signature of
Physician

Address

Jas Boralej MD
Centerville Md.

Accident or Suicide?



Name
in
Full

Mrs Maria B. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of 1908 June 7			68	11	14
Sex	Color or Race	Age	Where Residing if not at place of death		
Female	White		At place of death		
Occupation	Name of Wife or Husband				
Lady	Mrs J. Green Mrs.				
Married, Divorced, or Widow	Name of Father				
Widow	Richard Mitchell				
Father's Name	Name of Mother				
Richard Mitchell	Anna Baker				
Mother's Maiden Name					
Name of person giving information	Mrs. Green				

CAUSES OF DEATH

(40)

Primary

Cancer of Liver & Stomach 2 years

Immediate

Asthenia and Hemorrhage 4 weeks.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

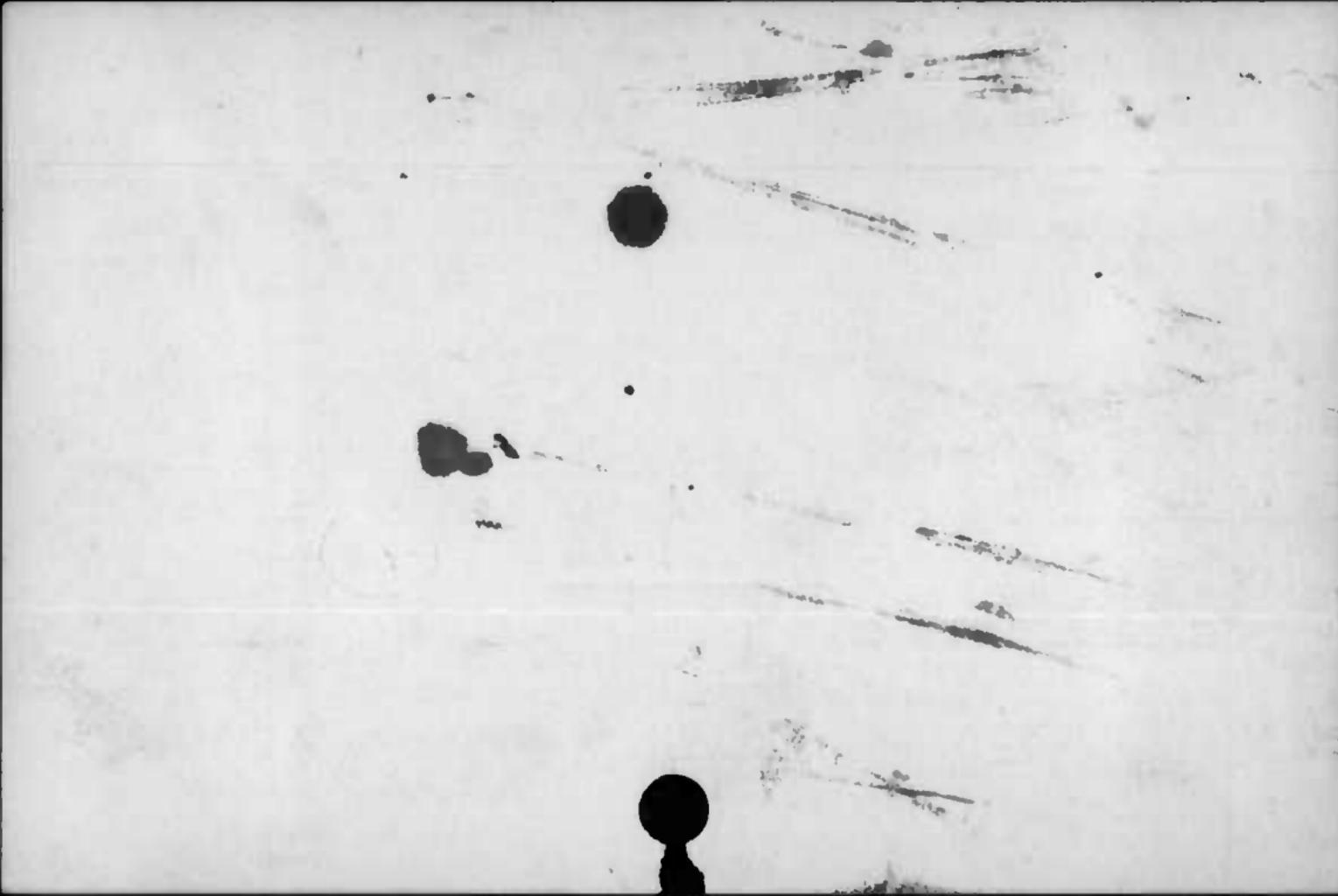
Yes

Signature of Physician

J. G. Copeage
Church Hill
Md

Address

Accident or Collision

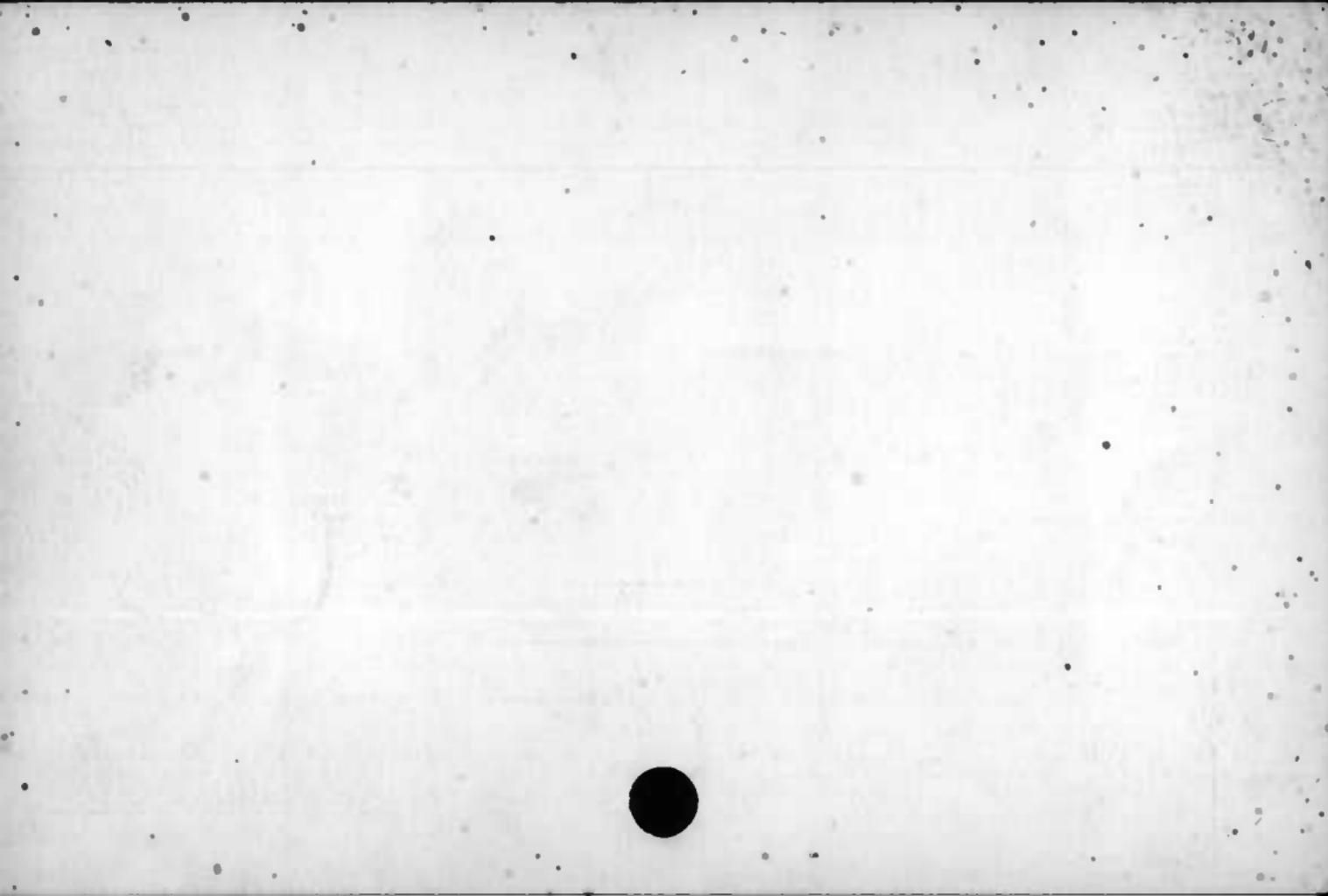


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

unnamed infant Hare				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex male	Color or Race	Collard	Birth-place	Winchester		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George A Hare	Father's Birthplace	2 A Court			
Mother's Maiden Name	Harratt Bolder	Mother's Birthplace	2 A "			
Name of person giving Information	George A Hare	Associated to deceased	Father			
CAUSES OF DEATH						
Primary	(S) How long					
Immediate	How long					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					
Dead born	Address					
Accident or Suicide?	H. Harry J. Bowser Fards Store					



Name
in
Full

Mrs Martha Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	White	Maryland			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mrs Sudlersville				
Father's Name	Sarah Glow					Father's Birthplace
Mother's Maiden Name	William					Mother's Birthplace
Name of person giving Information	Chas W Price					How related to deceased

CAUSES OF DEATH

64

Primary	Paralysis	How long	Six Years
Immediate	3rd stroke Paralysis, affibsy	How long	8 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Foster Suds
		Address	Sudlersville
Accident or Suicide?			MD

Audessville

Name
in
Full

Grace Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Q. C.	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place Q. C., Md.		
Occupation	no occupation (old age)			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Frank Laws			
Father's Name	Want know			Father's Birthplace	Don't know	
Mother's Maiden Name	Want know			Mother's Birthplace	Don't know	
Name of person giving information	Georgiana Congdon			How related to deceased	daughter	

CAUSES OF DEATH

154

Primary	Senility		
Immediate	Heart failure		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Rowland S. Ford	Don't know
			Address
Address	Queenstown, Md.		
Accident or Suicide?			

Mr. Goldsborough
Kindly give in dole
for the case of old woman
who died near Mr. Chas. Price
farm. — Last name is Powers
or something like that.
Ira

Name
in
Full

Robert O'Donnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John O'Donnell				
Mother's Meiden Name	Brochis Thomas				
Name of person giving Information	Harry O'Donnell				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis

Immediate

Cerebritis

Are the name,age,sex,color,date
and place correctly given above?

yes

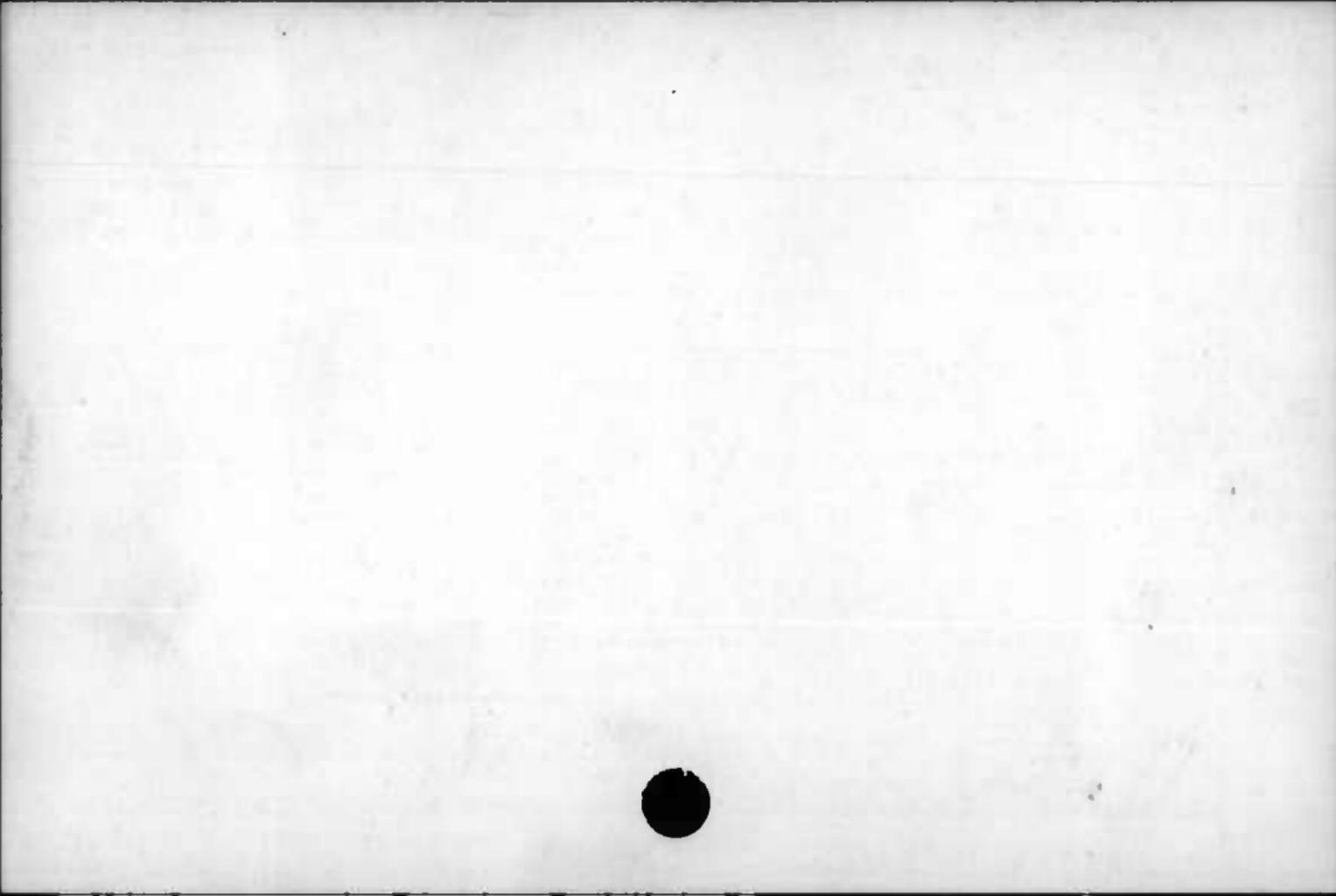
Signature of
Physician

Address

Wm. J. Henry
Stevens Mfg
Md

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Susan Agnes Powell

CERTIFICATE OF DEATH

Died
Near Prices

Town

County

MARYLAND

Date
of death 1908 June

Month

Day

Years

Months

Days

Age 63

9

2

Sex Female

Color or
Race

white-

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John D. Powell

Father's
Name

John Wm.

Father's
Birthplace

Del

Mother's
Maiden Name

Elizabeth Clements

Mother's
Birthplace

Del

Name of person giving
Information

John D. Powell

How related
to deceased

Husband

CAUSES OF DEATH

93

Primary

Pneumonia and Paralysis

How long

2 weeks

Immediate

Asthenia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

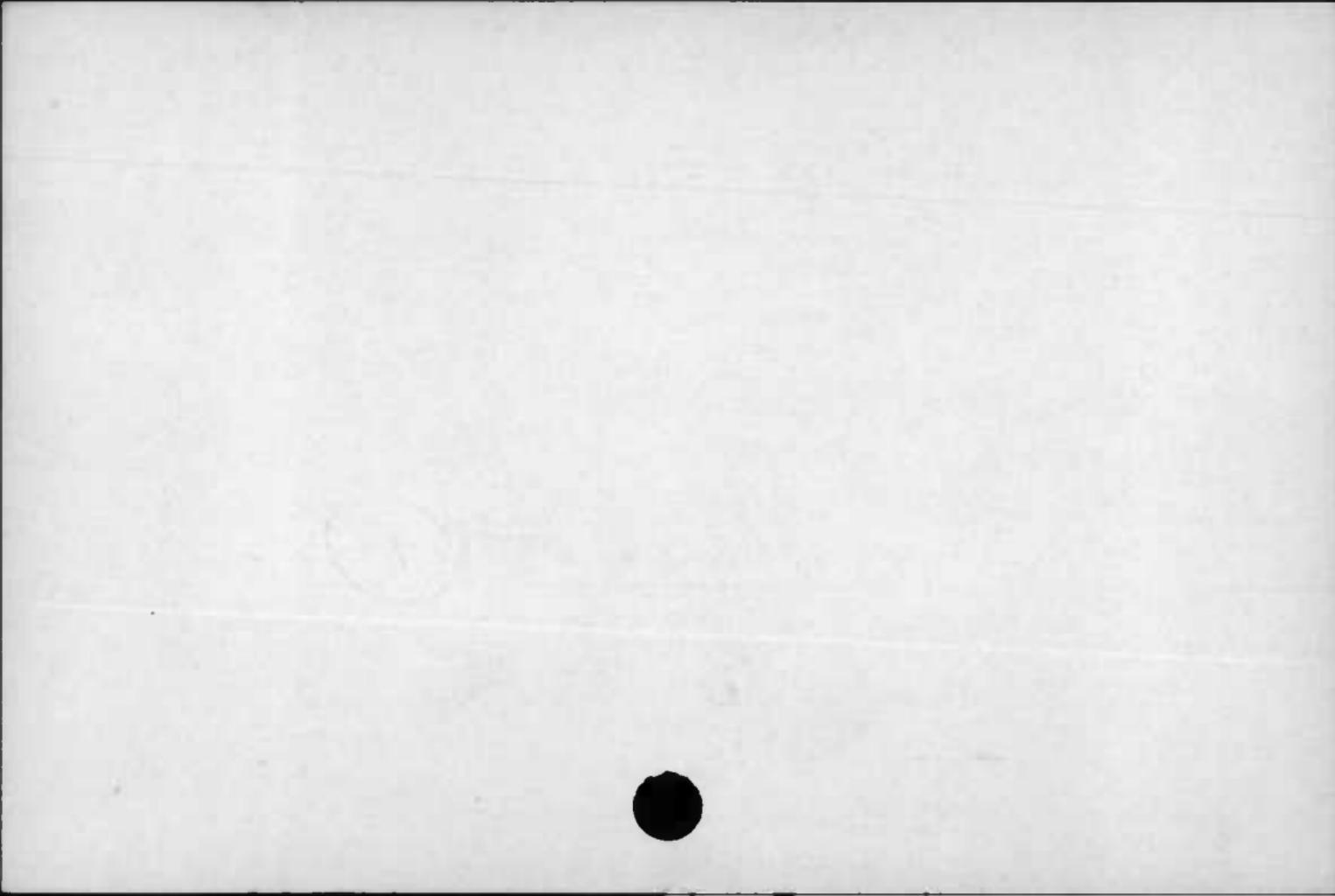
Signature of
Physician

Address

Dr. G. C. Coppedge

This woman lost quite
a shock from lightning
Accident or Suicide

about four yrs - which causes her death



Name
in
Full

Leon T. Rochester

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

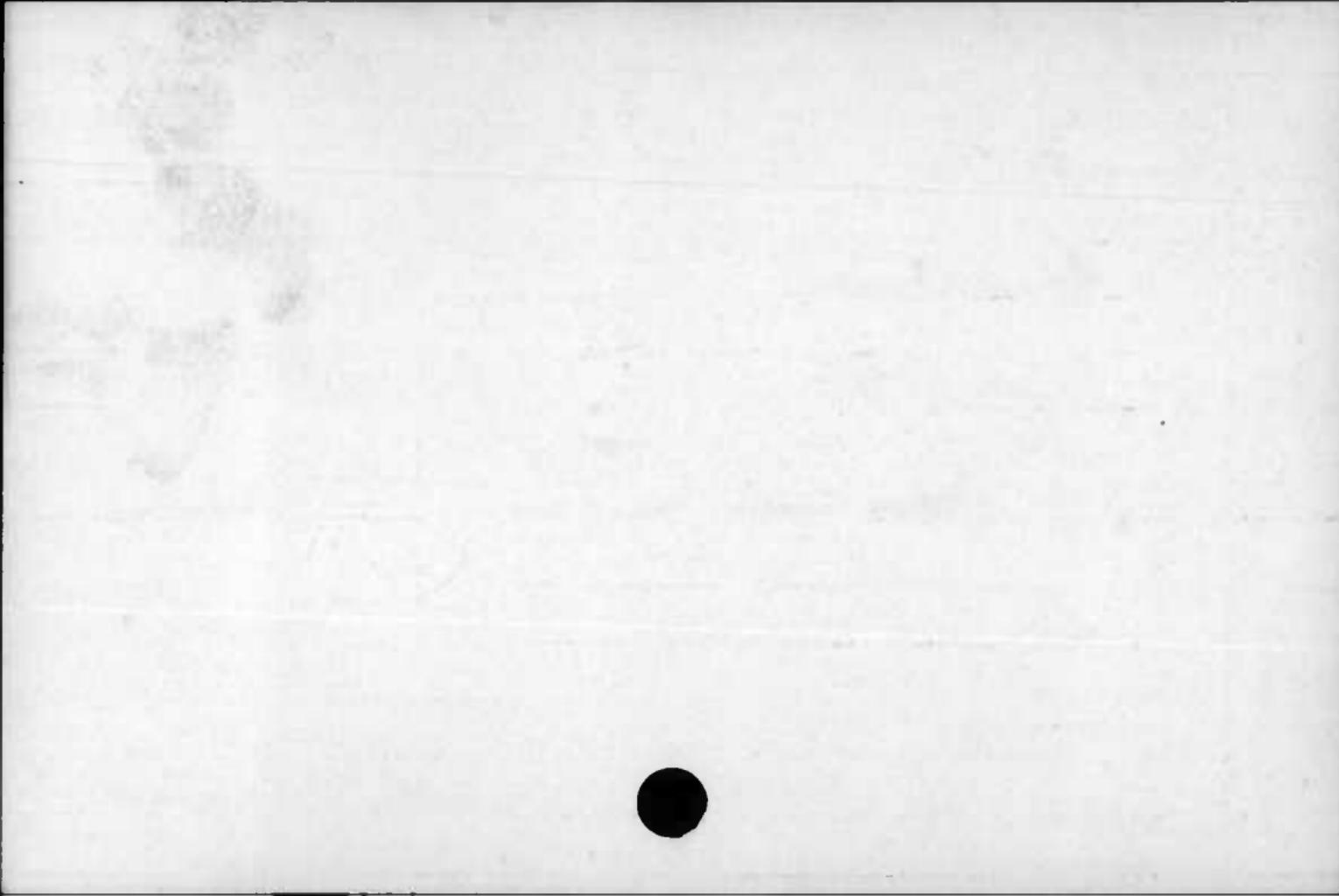
Died et Date of death	Town Month Year	Day	County	MARYLAND	
Died et Date of death 1905 June	Age	Years	7 Months	Days	4
Sex male	Color or Race	Colored	Birth- place	Inglewood Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel J. Rochester				
Mother's Maiden Name	Lucy A. Taylor				
Name of person giving Information	Mother				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Teething		How long	Don't know
Immediate	Exhaustion		How long	Don't know
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ravinder S. Ladd	
		Address	Quinton, Md.	
Accident or Suicide?				



Name
in
Full

Mrs Annie E Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white -	Birth-place	md
Occupation	Brambles		Where Residing if not at place of death	md	
Married, Single or Widowed	Name of Wife or Husband		Robt Rose		
Father's Name	John Ralph		Father's Birthplace	md	
Mother's Maiden Name	Rachael Jane Jacobson		Mother's Birthplace	md	
Name of person giving Information	Mrs Annie Morgan		How related to deceased	Niece	

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	Angina Pectoris		How long	Suddenly
Immediate	"	"	How long	1/2 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Foster Bush	
		Address	Sudlersville Md	
Accident or Suicide?	m			

~~Indonesian City~~

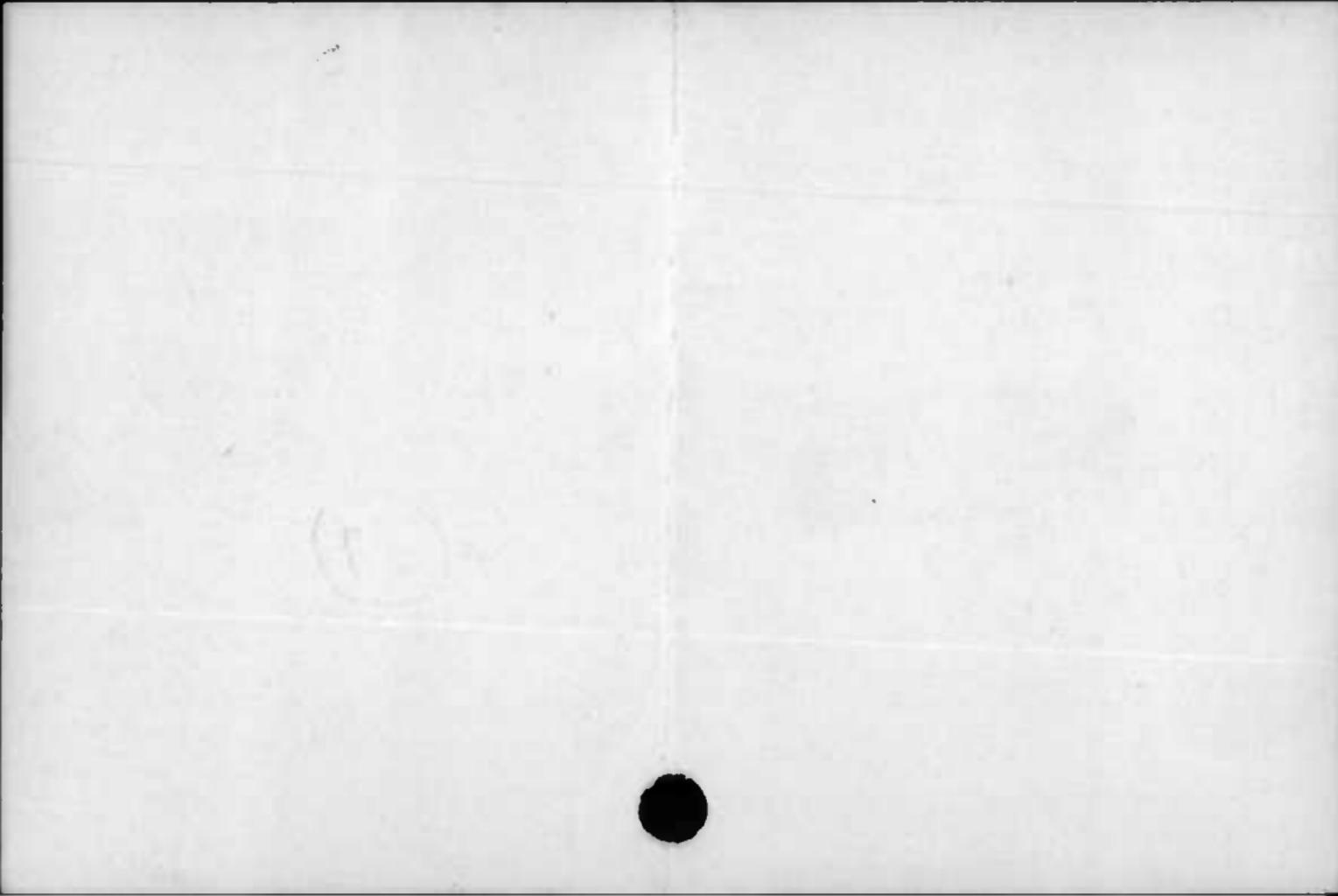


Name
in
Full

CERTIFICATE OF DEATH

Town Died at <u>Barclay</u>			County <u>Burnt Arne</u>			<u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>6</u>	Day <u>"</u>	Age <u>62</u>	Years <u>62</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Female</u>	Color or Race <u>white</u>				Birth- place <u>Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <u>Joseph Wallace</u>				Father's Birthplace <u>Md</u>		
Father's Name <u>Richard Phillips</u>				Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Amanda Keenith</u>				How related to deceased <u>Husband</u>			
Name of person giving Information <u>Joseph Wallace</u>				Age <u>27</u>			
CAUSES OF DEATH							
Primary	<u>Tuberculosis of lungs</u>			Duration <u>several years</u>			
Immediate	<u>Exhaustion, Was'ing</u>			How long <u>One month</u>			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>Foster Suds</u> Address <u>Sudsville Md</u>			
Accident or Suicide?							

PHYSICIAN
CORONER



Name
In
Full

Mohamed Chile Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died et	Town	County	MARYLAND		
Date of death 1906	Month June	Day 17	Years	Months	Days
Sex female	Color or Race colored	Birth-place Winchester			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Eligale Williams				
Mother's Maiden Name	Bertha Anderson				
Name of person giving information	Eligale Williams				
CAUSES OF DEATH					
Primary	✓				
Immediate	How long				

179

How long

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Cha' O'Conor -
acting Coroner
Fords Stone Ma

Accident or Suicide?

